



Behavioral Health Residential Facilities (BHRF) Prior Authorization Submissions on the AHCCCS Online Provider Portal

June 2021



These materials are designed for the AHCCCS Fee-For-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

About This Presentation

This course is designed to cover the technical aspect of how to submit a Prior Authorization request using the AHCCCS Online Provider Portal for BHRFs.

- Please note that this training does *not* cover specifics on Prior Authorization Requirements for a BHRF. Those can be found on the [DFSM Prior Authorization web page](#).

If you have any questions about this presentation, please email the provider training team at: providertrainingffs@azahcccs.gov



BHRF Prior Authorization Requirements

BHRF Prior Authorization Requirements

Updated Prior Authorization and Policy Information regarding Behavioral Health Residential Facilities (BHRF) can be found on the DFSM Prior Authorization Requirements Web Page at:

- <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html>

Under the “Services that require Prior Authorization” section, there are two documents that are periodically updated, with the most up-to-date PA guidance.

Services that require Prior Authorization:

- Behavioral Health Residential Facility Documentation Requirements  [BHRF in Word Version] 
- Behavioral Health Residential Facility AMPM 320-V Guidance 
- Non Emergency Acute Inpatient Admissions

BHRF Prior Authorization Requirements

Behavioral Health Residential Facility (BHRF)

Documentation must be submitted prior to the BHRF admission.

1. If the admission is urgent and documents are from the Crisis Clinic or the member's treating provider, *or* from the TRBHA, then admission notification must be sent to AHCCCS DFSM on the day of the admission. [See form here.](#)
2. Admission date **must** be written on the documents.
3. The documents must be completed by the outpatient or inpatient treatment team (not the admitting BHRF) and must include:
 - a) Behavioral Health Assessment done by the BHP or cosigned by the BHP
 - b) Treatment Plan that has recommendation for the member to be admitted to the BHRF.

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/BHRFPriorAuthorizationDocumentation.pdf>

<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/BHRFPARevisedAMPM320VGuidance.docx>

BHRF Prior Authorization Requirements

It is the provider's responsibility to familiarize themselves with the following:

- BHRF Prior Authorization Requirements;
- Information contained within AMPM Policy 320-V, Behavioral Health Residential Facility;
- Provider Billing Manual instructions; and
- The AHCCCS Online Provider Portal.

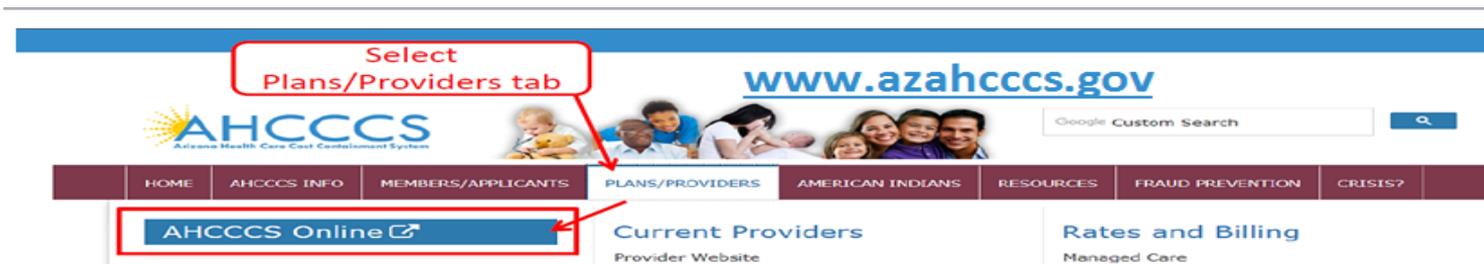
Preferred Method of Submission

When submitting a Prior Authorization request, use of the [AHCCCS Online Provider Web Portal](#) is the preferred method.

- Online submission allows PA staff to process prior authorization requests more efficiently.

There are two ways to access the AHCCCS Online Provider Portal:

1. Main AHCCCS website www.azahcccs.gov



1. Via the direct web address at: <https://azweb.statemedicaid.us>

Preferred Method of Submission

Providers shall take the following steps:

1. New Users: If a provider does not have an online account, they can register by going to <https://azweb.statemedicaid.us> . Under the heading “New Account” click on **Register for an AHCCCS Online Account** and follow the instructions to submit a request.
2. Once an AHCCCS online account has been set up, the provider can proceed.
3. Enter the authorization request via the PA submission link in the AHCCCS online web portal.
4. Attach required clinical documentation via the online attachment feature.
5. An authorization number is generated automatically, which will remain in a pending status until an authorization decision is made. A PA confirmation letter is then mailed to the provider indicating the pending authorization status, and
6. After documentation submitted by the provider has been reviewed and an authorization decision is made, a PA confirmation letter is mailed to the provider indicating the updated authorization status.
7. Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.

Preferred Method of Submission

Providers are encouraged to use the web portal to enter authorization requests for immediate access to a provisional authorization number that can be used to track authorization status.

The ability to view authorization status online is delayed pending authorization entry for Faxed authorization requests.

- **Important Note:** If the online submission of a Prior Authorization request or documentation is not possible due to internet outage or other unforeseen events, then it can be done via fax.
- If the documents are faxed, the Prior Authorization Request Form must continue to be utilized.

<https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/forms.html>



How to Submit a BHRF Prior Authorization Request Using the AHCCCS Online Provider Portal

Sign In Page

Step 1: Sign In. The user **must** have a valid Username and Password.

FAQ | Terms Of Use | LogIn |



Arizona Health Care Cost Containment System
Our first care is your health care

New Account

Register for an AHCCCS Online account.
To learn more about AHCCCS Online, [Click Here](#)

Hospital Assessment

[View Hospital Assessment Invoice](#)
[Make a Hospital Assessment Payment](#)

Health Plan Links

[View Health Plan Links](#)

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at **(602) 417-4451**.

**** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! ****

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the website can be terminated if the Terms of Use are violated.

***** ATTENTION! *****

Effective January 1, 2017, Non IHS/638 NEMT providers transporting TRBHA members over 100 miles, one way or round trip, must receive prior authorization for the transport. Behavioral health transports must be to and from a covered behavioral health service. Prior Authorization requests:

1. Must be submitted prior to service delivery in order to be considered timely.
2. Must contain a valid behavioral health diagnosis.

AHCCCS Online User Manuals

Sign In

USERNAME

PASSWORD

SIGN IN

Forgot your Password? [Click Here](#)

Enter the following information:
Username
Password
SIGN-IN

- Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

Main Page

Step 2: On the Main Page, select *Prior Authorization Submission*

Main Page

▲ For security purposes, your session will be logged out after 15 minutes of inactivity. ▲
AHCCCS Online is an AHCCCS website designed for registered providers.
It offers the convenience and efficiency of several online services.

AIMH SERVICES PROGRAM

Pending SPA approval by CMS, AHCCCS proposes to offer services that support an American Indian Medical Home Program, including Primary Care Case Management (PCCM), diabetes education, care coordination, and promoting participation in the state Health Information Exchange, to AHCCCS AI/AN members who are enrolled in AIHP. AIMH PCCMs will be charged with addressing health disparities between American Indians and other populations in Arizona, specifically by enhancing case management and care coordination. AHCCCS registered IHS/638 facilities who meet AIMH registration criteria will be eligible for prospective per member per month payments based on the services and activities they are providing to empaneled members. For further details on the program, please click on [AIMH Home](#).

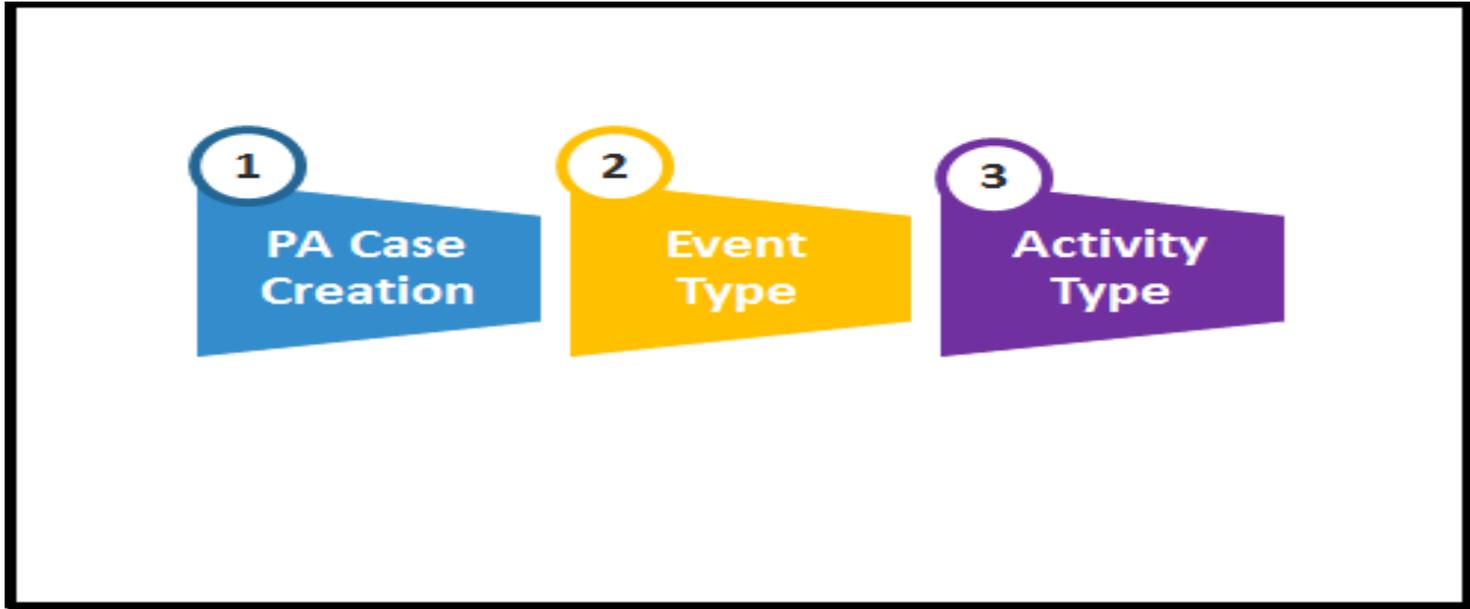
CLAIM STATUS

Claim Status allows providers to check the status of **Fee-For-Service** claims submitted to AHCCCS. If a recipient is enrolled in a capitated Health Plan, the Health Plan must be contacted for claim inquiries.
For a listing of the Health Plan contact information, please click on [Health Plan Listing](#).

CLAIM SUBMISSION

Claim Submission allows providers to submit Professional, Dental and Institutional claims to AHCCCS for nightly processing. Claims submitted prior to 4:00 PM each business day are processed that night. Claims submitted after 4:00 PM Friday will be processed the following Monday. The status of the claims can be viewed online by searching for the claim by submission date. Average processing time may take 24-72 hours, depending on the number of claims processed and the time of the submission.

There are *three* Steps to Create a Prior Authorization Case Type.



Step 1: PA Case Creation

Completing the Prior Authorization

On the Menu tab 1) select “Prior Authorization Submission” and 2) at the bottom of this page click on the “Prior Authorization Submission” tab again.

[Main](#) | [FAQ](#) | [Terms Of Use](#) | [LogOut](#) |

Menu

- [AIMH Services Program](#)
- [Claim Status](#)
- [Claims Submission](#)
- [EFT Enrollment](#)
- [Member Verification](#)
- [Newborn Notification](#)
- [Prior Authorization Inquiry](#)
- [Prior Authorization Submission](#)**
- [Provider Verification](#)
- [Provider Re-Enrollment/Revalidation](#)
- [Targeted Investments Program](#)
- [Members Supplemental Data](#)

Support and Manuals

- [AHCCCS Online User Manuals](#)
- [AHCCCS Online Learn More](#)
- [Frequently Asked Questions](#)

Account Information

Username:

Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal

To facilitate Prior Authorization requests, guidelines are provided to assist you in determining whether Prior Authorization is required. This is not an exhaustive list. For more detail, see Chapters 300, 400, 800, and 1100 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM)

Services that require Prior Authorization:

- Tribal ALTCS Acute Inpatient Behavioral Health.
- Durable Medical Equipment (DME) consumable >\$100.00 and durable > \$300.00 and all rentals.
- Elective (scheduled) Hospitalizations
- Home Health
- Hospice
- Skilled Nursing Facility
- Non – Emergency Outpatient Procedures
- Non – Emergency Surgery
- Podiatry
- Acute Inpatient Rehabilitation
- Outpatient Physical Therapy for Members > 21 years old.
- Non – Emergency Transportation > 100 miles

Services that do not require Prior Authorization:

- Services performed during a Retroactive Eligibility Period.
- When another coverage is primary, e.g.: Medicare or Commercial Insurance.
- Emergency Hospitalization < 24 hours; ICU and Non – ICU < 72 hours.
- Diagnostic procedures, e.g.: EKG, MRI, CT Scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies.
- Non – Surgical Procedures, e.g. PICC Line removal or placement, Central Line removal or placement, PEG removal, Blood Transfusions.
- Outpatient Chemotherapy and Radiation.
- Emergency Dental and Dental Services for Members < 21 years old (see AM/PM chapter 400).
- Eye Glasses for members < 21 years old.
- Family Planning Services
- Physician Consultations and Office Visits
- Prenatal Care
- Emergency Transportation

Services that are not managed by AHCCCS FFS Prior Authorization Unit: You must contact the appropriate entity for authorization.

- Non-Acute Services for Tribal ALTCS members (contact Case Manager)
- Transplant Services (contact Transplant Coordinator in the Division of Health Care Management at AHCCCS).
- Prescription Medication (contact the contracted PBM).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

2 [Prior Authorization Submission](#)

Prior Authorization Search

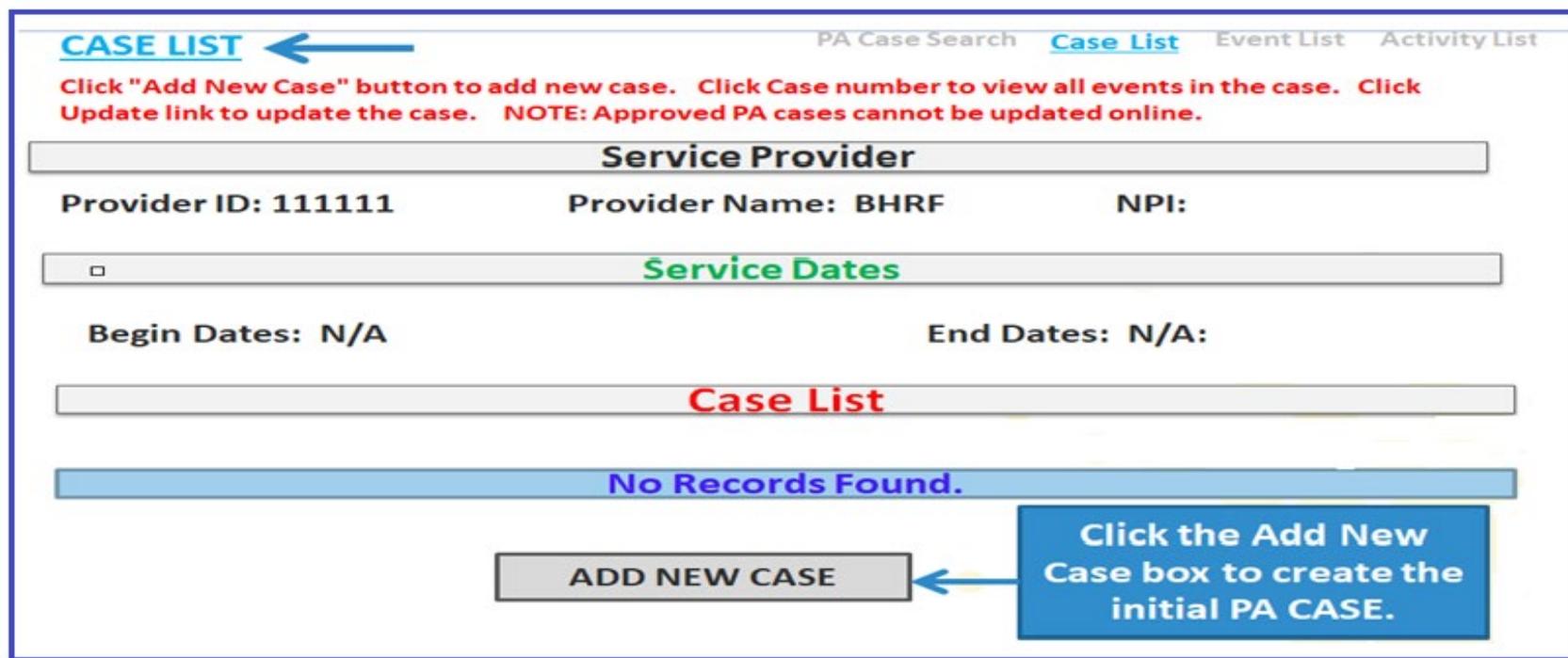
PA Recipient/Case Search

Search System:*	ACUTE ▾	
Search By:*	AHCCCS ID ▾	The AHCCCS member ID is the recommended Search By option.
AHCCCS ID:*	A12345678	(Ex. A12345678)
Service Provider ID:*	--- SELECT--- ▾	Click the down arrow to select the provider NPI or 6 digit provider ID number.
Begin Date Of Service:	MM/DD/YYYY	(Format: MM/DD/YYYY)
End Date Of Service:	MM/DD/YYYY	(Format: MM/DD/YYYY)
	<input type="button" value="Search"/> <input type="button" value="Clear"/>	Select the SEARCH button after completing the required fields.

Hint: to obtain the maximum number of search results, provide data only for required fields.

*** Indicates a required field.**

If this is the First Case created for the client, the “Service Dates” and “Case List” fields will be blank. The message “No Records Found” will be present.



CASE LIST ←

PA Case Search **Case List** Event List Activity List

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case. NOTE: Approved PA cases cannot be updated online.

Service Provider

Provider ID: 111111 Provider Name: BHRF NPI:

Service Dates

Begin Dates: N/A End Dates: N/A:

Case List

No Records Found.

ADD NEW CASE ← Click the Add New Case box to create the initial PA CASE.

Enter CASE Information- The Effective Begin Date field should be entered with the first date of service for the prior authorization request. The Effective End Date field must be entered as the end date of the current year (i.e. 12/31/2020). The actual end date of service will be entered on

Add New Case PA Case Search **Case List** Event List Activity List

Service Provider

Provider ID: 111111 Provider Name: B.H.R.F. NPI: 1234567890

Enter Case Information

**** Indicates a Required Field**

AHCCCS ID: A12345678

Service Provider ID: 111111

Provider Contact Name: BHRF

Contact Phone Number: 602-417-4000

Effective Begin Date: 04/01/2020

Effective End Date: 12/31/2020

Description: BHRF

Next Clear

The actual Effective End Date for the PA Request will be entered on the next PA screen.

After entering the Case Information select the Next tab.

At the end of each step in the PA submission process the “Verify Information” page will appear. If the information entered is correct press the “Submit” button. If you need to correct an error, click the “Edit” button, make the correction, then click the “Submit” button to go to the next step in the PA submission process.

ADD NEW CASE PA Case Search **Case List** Event List Activity List

Service Provider

Provider ID: 111111 **Provider Name: BHRF** **NPI:**

Verify Case Information

AHCCCS ID: A12345678

Provider ID: 000000 (6 digit provider ID)

Service Provider NPI: 1234567890 (example)

Provider Contact Name: Training Provider

Contact Phone Number: 602-417-4000

Effective Begin Date: 04/01/2020

Effective End Date: 12/31/2020

Description: BHRF

Under **Case List**, the message “**Transaction Succeeded**” will appear in “**Red**” indicating that a new case list for the member has been completed.

The next step in the process is to enter the Event information. Under the Case No. select the appropriate Case or PA number. (example 000000001).

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case.

NOTE: Approved PA cases cannot be updated online.

Service provider							
Provider ID: 000000	Provider Name: BHRF	NPI:					
Search Dates							
Begin Date: 04/01/2020	End Date: 12/31/2020						
Case List							
Transaction Succeeded.							
Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	
000000001	A12345678	04/01/2020	12/31/2020	PENED	PRIOR AUTHORIZATION	BHRF	Update



Select the case by clicking on “Case No”

Add New Case

Step 2: Event Type

Add New Event

After selecting the Case/PA number, the system will move to the **Event List Screen**. In this example, there are **“No Records Found”** so the event information must be added. Click on the **“Add New Event”** tab to move to the next step.

Event List PA Case Search | Case List | **Event List** | Activity List | Help

Click the "Add New Event" button to create a new event. Click the Sequence number to view all activities in the event.
Click the "Update" link to update the event. Click the "Attachments" link to upload or view a document associated to a specific event.

NOTE: Approved events cannot be updated online. Please contact the PA Group to update approved events.

Service provider			
Provider ID:	00000000	Provider Name:	BHRF
		NPI:	

Recipient			
AHCCCS ID:	A12345678	Name:	
		DOB:	
		Gender:	

Case Detail			
Case No:	000000001	Begin Date:	04/01/2020
		End Date:	12/31/2020
		Status:	PENED

Event List
No Records Found.
Add New Event

The Event Begin date is the Admission Date.

NOTE: A valid ICD-10 Mental, Behavioral, or Neurodevelopment Disorder Diagnosis is required for the PA. The BH Diagnosis codes range is (F01 thru F99).

Add New Event PA Case Search | Case List | Event List | Activity List | Help

Provider ID: 00000000	Provider Name: BHRF	NPI:	
AHCCCS ID: A12345678	Recipient Name:	DOB:	Gender:
Case No: 000000001	Begin Date: 04/01/2020	End Date: 12/31/2020	Status: PENDED

No Records Found

* Indicates a required field.

Case No:*	000000001	
Event Type:	BEHAVIORAL HEALTH RESIDENTIAL FACIL	
Recipient AHCCCS ID:*	A12345678	
Provider Contact Name:*	Training Provider	
Contact Phone Number:*	602-417-4000	
Requested Begin Date:*	04/01/2020	
Requested End Date:*	06/30/2020	
Admit Date:		
Discharge Date:		
Diagnosis Code:*	F41	9
Description:		

Enter the Begin & End Dates of Service for the Prior Authorization Request

List the Primary Diagnosis Code

Enter the Description

Select Next once all information has been entered

Verify Event Information - If the Event information is correct, Click the Submit button to proceed.

If a correction is needed, click the Edit button, correct the field, then Click the Submit button to accept the updated changes.

Add New Event [PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Service provider			
Provider ID: 000000	Provider Name: BHRF	NPI:	
Recipient			
AHCCCS ID: A12345678	Name:	DOB:	Gender:
Case Detail			
Case No: 000000001	Begin Date: 04/01/2020	End Date: 12/31/2020	Status: PENDED

Verify Event Information

Case No: 000000001
Event Type: BP(BEHAVIORAL HEALTH RESIDENTIAL FACILITY)
Recipient AHCCCS ID: A12345678
Provider Contact Name: Training Provider
Contact Phone Number: 602-417-4000
Requested Begin Date: 04/01/2020
Requested End Date: 06/30/2020
Admit Date:
Discharge Date:
Diagnosis Code: F41.9
Description:

You will see a list of Events. If there are multiple Events under the PA case number, select the correct Sequence number. This example shows only one Event.

Event List ←

PA Case Search Case List **EVENT LIST** Activity List

Provider ID: 111111	Provider Name:	Service provider	NPI:
AHCCCS ID: A12345678	Name: AHCCCS, BUDDY	Recipient	DOB: 01/01/1985 Gender: F
Case No: 00000012	Begin Date: 04/01/2019	Case Detail	End Date: 12/31/2019 Status: PENDED

EVENT LIST

TRANSACTION SUCCEEDED

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code		
01	BP	04/01/2019	06/30/2019		PENDED	PH009	F99	Update	Attachments

The option to add an Attachment is located on the **Event List** tab only.

PA Attachment Process

Event List ← PA Case Search Case List **EVENT LIST** Activity List

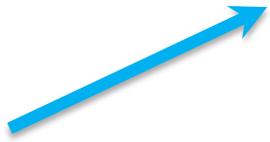
Provider ID: 111111		Provider Name:		Service provider		NPI:	
AHCCCS ID: A12345678		Name: AHCCCS, BUDDY		DOB: 01/01/1985		Gender: F	
Case No: 00000012		Begin Date: 04/01/2019		End Date: 12/31/2019		Status: PENDED	

EVENT LIST

TRANSACTION SUCCEEDED

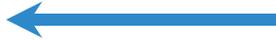
Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	
01	BP	04/01/2019	06/30/2019		PENDED	PH009	F99	Update Attachments

**From the Event List page, Click
“Attachments” to upload documentation.**



The PA Attachment screen will appear

Attachments



PA Case Search Case List **Event List** Activity List

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.
NOTE: Once the files are submitted to AHCCCS they can no longer be deleted from the system. Please contact the PA Group for further assistance.

Recipient

AHCCCS ID:A#####

Name: AHCCCS, BUDDY

DOB: MM/DD/YYYY

Gender:

Case Detail

Case No:

Begin Date: 04/01/2019

End Date: 12/31/2019

Status: Pended

Event Detail

Sequence No: 01

Service Begin Date: 04/01/2019

Service End Date: 06/30/2019

Status: Pended

Request Type:

Select file to upload:

Choose File

No file chosen:

Upload Attachment

Pending Attachments

NO PENDING ATTACHMENT(S) FOUND

Submitted Attachments

NO SUBMITTED ATTACHMENT(S) FOUND

1. In the Request Type field click the down arrow and select the request type **"BH AIHP"**.

2. Next click the **Browse** button and select **Choose File** to search your computer for the file to attach to the

Prior Authorization request.

3. After attaching the file(s) you must select the **"Upload Attachment"** button.

Attachments

PA Case Search Case List **Event List** Activity List

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.
NOTE: Once the files are submitted to AHCCCS they can no longer be deleted from the system. Please contact the PA Group for further assistance.

Recipient			
AHCCCS ID:A#####	Name: AHCCCS, BUDDY	DOB: MM/DD/YYYY	Gender:
Case Detail			
Case No:	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: Pended
Event Detail			
Sequence No: 01	Service Begin Date: 04/01/2019	Service End Date: 06/30/2019	Status: Pended

Request Type: **BH AIHP** Select file to upload: K:\BHRF\ONLINE SUBMISSION.pptx

Pending Attachments

NO PENDING ATTACHMENT(S) FOUND

Submitted Attachments

NO SUBMITTED ATTACHMENT(S) FOUND

You will see a message confirming **“File Successfully Uploaded”**.
NOTE: The file is NOT yet attached!!!!

PA Case Search Case List **EVENT LIST** Activity List

PA Case Search | Case List | Event List | Activity List | Help

Attachments

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.
NOTE: Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

AHCCCS ID: A12345678	Name: AHCCCS, BUDDY	Recipient DOB: 01/01/1985	Gender: F
Case No:	Begin Date: 04/01/2019	Case Detail End Date: 12/31/2019	Status: PENDING
Sequence No: 01	Service Begin Date: 04/01/2019	Event Detail Service End Date: 06/01/2019	Status: PENDING

Request Type: BH/AHP Select file to upload: K:\EHR\ ONLINE SUBMISSION.optx

File successfully uploaded.

Max File Size: 10MB
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

Pending Attachments Behavioral Health Residential Facility.docx

Submitted Attachments *** NO SUBMITTED ATTACHMENT(S) FOUND ***

You still must Click **“Submit”**

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.
NOTE: Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

AHCCCS ID: A12345678		Recipient	
Name: AHCCCS, BUDDY	DOB: 01/01/1985	Gender: F	
Case Detail			
Case No:	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDING
Event Detail			
Sequence No: 01	Service Begin Date: 04/01/2019	Service End Date: 06/01/2019	Status: PENDING

Request Type: BH AIHP 06/30/2019

Attachments successfully submitted for processing.

BH AIHP Max File Size: 10MB
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

Pending Attachments	Submitted Attachments
*** NO PENDING ATTACHMENT(S) FOUND ***	Behavioral Health Residential Facility.docx 3/20/2019

One you have clicked on "Submit" you will see:

- 1) The message "Attachments successfully submitted for processing";
- 2) No files under "Pending Attachments" and
- 3) The submitted attachment name will appear under "Submitted Attachment"

Attachments

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing. **NOTE:** Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

AHCCCS ID: A12345678		Recipient Name: AHCCCS, BUDDY		DOB: 01/01/1985	Gender: F
Case No:	Begin Date: 04/01/2019	Case Detail End Date: 12/31/2019		Status: PENDED	
Sequence No: 01	Service Begin Date: 04/01/2019	Event Detail Service End Date: 06/01/2019		Status: PENDED	

Request Type: BH AIHP

Attachments successfully submitted for processing.

BH AIHP Max File Size: 10MB
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

Pending Attachments	Submitted Attachments
*** NO PENDING ATTACHMENT(S) FOUND ***	Behavioral Health Residential Facility.docx 3/20/2019

After confirming the attachment was successful, go back to the top right side of the page and select the tab Event List, this will take you back to the Event List page to continue with entering the PA information. We still need to enter the actual CPT/HCPCs information.

Step 3: Activity Type

Adding Activity Codes

Completing the Prior Authorization

To add the Activity Codes (CPT/HCPCS), click the **Sequence Number** next to the date span that you want to add.

Event List **PA Case Search Case List** **EVENT LIST** **Activity List**

Provider ID: 111111 Provider Name: Service provider NPI:

AHCCCS ID: A12345678 Name: AHCCCS, BUDDY Recipient DOB: 01/01/1985 Gender: F

Case No: 00000012 Begin Date: 04/01/2019 Case Detail End Date: 12/31/2019 Status: PENDING

EVENT LIST

TRANSACTION SUCCEEDED

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	
01	BP	04/01/2019	06/30/2019		PENDING	PH009	F99	Update Attachments

 Sequence Number

Next select the **“Add New Activity”** tab to enter the Activity Codes (CPT/HCPCS) for billing.

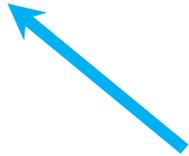
Activity List PA Case Search Case List Event List **Activity List**

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity.
NOTE: Approved activities cannot be updated online.

Provider ID: 111111		Provider Name: BHRF		NPI: 1234567890	
AHCCCS ID: A12345678		Name: AHCCCS		Gender: F	
Case No: 000000012		Begin Date: 04/01/2019		End Date: 12/31/2019	
Sequence No: 01		Srv Begin Date: 04/01/2019		Srv End Date: 06/30/2019	
				Status: PENDING	
				Status: PENDING	

No Records Found.

ADD NEW ACTIVITY



Activity Type * Select type "HCPCS" .

Activity Codes * Enter the HCPCS code **H0018**.

Allowed Units * Enter the number of units (units=days) based on the dates of service requested for the prior authorization.

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. NOTE: Approved activities

Provider ID: 111111	Provider Name: BHRF	Service provider	NPI: 1234567890
AHCCCS ID: A12345678	Name: AHCCCS	DOB:	Gender: F
Case No: 000000001	Begin Date: 04/01/2019	Case Detail End Date: 12/31/2019	Status: PENDED
Sequence No: 01	Srv Begin Date: 04/01/2019	Event Detail Srv End Date: 06/30/2019	Status: PENDED

Enter Activity Information

Indicates a required field.

Case Number:	000000001
Provider Contact Name:	B.H.R.F.
Contact Phone Number:	602-417-4000
Sequence Number:	01
Activity Type:	HCPCS
Activity Code:	H0018
Modifier:	
Allowed Units:	90
Note:	
<input type="button" value="Next"/> <input type="button" value="Clear"/>	

If the information entered is correct, click the "Next" button.

On the “Verify Activity Information” page, if the information is correct, Select the “Submit” button to finalize your PA request.

Activity List

PA Case Search Case List Event List Activity List

Click "Add New Activity" button to create new activity. Click "..." button to edit activity.
NOTE: Approved activities cannot be updated online.

Provider ID: 111111	Provider Name: BHRF	Service provider	NPI: 1234567890
AHCCCS ID: A12345678	Name: AHCCCS	Recipient	DOB: Gender: F
Case No: 00000012	Start Date: 04/01/2019	Case Detail	End Date: 12/31/2019 Status: PENDING
Sequence No: 01	Srv Begin Date: 04/01/2019	Event Detail	Srv End Date: 06/01/2019 Status: PENDING
Activity List			
Srv End Date 06/30/2019			
Verify Acti...			
Case Number: 00000012			
Provider Contact Name: BHRF			
Contact Phone Number: 602-437-40			
Sequence Number: 01			
Activity Type: H (HCPCS)			
Activity Code: H0018			
Modifier:			
Allowed Units: 90			
Notes: Test			
SUBMIT		EDIT	

If a correction is required, select the **EDIT** button, make the correction then select the **Submit** button to finalize your Prior Authorization request.

Successful Submission of the PA.

Activity List
PA Case Search Case List Event List **Activity List**

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity. NOTE: Approved Activities cannot be updated on line

Service Provider

Provider ID: 111111 **Provider Name: BHRF** **NPI: 1234567890**

Recipient

AHCCCS ID: A12345678 **Name: AHCCCS** **DOB: MM/DD/YYYY** **Gender:**

Case Detail

Case No. 000000001 **Begin Date: 04/01/2019** **End Date: 12/31/2019**

Event Detail

Sequence No: 01 **Srv Begin Date 04/01/2019** **Srv End Date 06/30/2019** **Status: Pended**

Activity List

TRANSACTION SUCCEEDED

Line No.	Activity Type	Activity Code	HCPCS	Allowed Units	Units Used	Status	Reason	Unit/Price	
01	HCPCS	H0018		90.00	0.000	PENDED	PH009	201.900	UPDATE

ADD NEW ACTIVITY



DFSM Provider Education and Training Unit

DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
 - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov

Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

NOTE: Providers should not call the Claims Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims.

Prior Authorization Questions?

For prior authorization questions, please visit the AHCCCS Online Provider Portal or the AHCCCS website at:

- AHCCCS Online Provider Portal:
 - <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=/>
- DFSM Prior Authorization Web Page:
 - <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html>

Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.

Prior Authorization Questions?

For questions that cannot be resolved on the portal, please outreach the Fee-for-Service Authorization Phone Line at:

- Within Maricopa County: 602-417-4400, Select option 1 for transportation
- Statewide: 1-800-433-0425
- Outside Arizona: 1-800-523-0231
- FESP Dialysis: 602-417-7548

NOTE: Providers should not call the FFS Prior Authorization team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, claims, or for status updates.

Technical Questions?

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or ISDCustomerSupport@azahcccs.gov

Policy Information

AHCCCS FFS Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

AHCCCS IHS/Tribal Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

AHCCCS Medical Policy Manual

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/>

AMPM 320-V, Behavioral Health Residential Facility

- <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320V.pdf>

Questions?

Thank You.